



1100 State Road, Ashtabula, Ohio 44004

Phone: (440) 997-6131 • Fax: (440) 992-2904

EPA Region 5 Records Ctr.

September 11, 2008



Keith R. Buell Detrex Corp. 1100 State Rd. Ashtabula, Ohio 44004

Ms. Terese Van Donsel U.S. EPA Office of Superfund, Region 5 SR-6J 77 West Jackson Blvd. Chicago, Il. 60604-3590

Dear Ms. Van Donsel,

Enclosed please find the e-DMR report for August 2008 for Detrex Corp. in Ashtabula, Ohio.

I certify that he information contained in or accompanying this submission is true, accurate and complete. This certification is based on my personal preparation. review, or analysis of the submission, and/or supervision of persons who, acting on my direct instructions, made the verification that the submitted information is true, accurate and complete.

Sincerely.

Keith R. Buell Detrex Corp. 440-997-6131

kbuell@elcocorp.com

Document: policy ltr

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: LOCATION:

COUNTY:

DISTRICT:

Detrex Corporation \*

1100 State Rd Ashtabula, 44004

Ashtabula

PERMIT NUMBER: STATION CODE: 31F00017\*ND

002

N CODE:

MONITORING PERIOD: REPORTING LAB:

2008-08-01 To: 2008-08-31 Precision Analytical Inc.

NEDO ANALYST:

Precision Analytical, Inc. DR, WSS, RLG, STB, HB

NO DISCHARGE INDICATOR:

PARAMETER	Water Temperature	Flow Rate	pH, Maximum	pH, Minimum	Biochemical Oxygen Demand, 5 Day	Residue, Total Dissolved	Total Suspende Solids
PARAMETER CODE	00010	50050	61941	61942	00310	00515	00530
UNITS	4102	4108	6653	6653	4106	4106	4106
FREQUENCY SAMPLING TYPE	I/Day Maximum Indicating	1/Day 24hr Total	1/Day Continuous	1/Day Continuous	1/Week 24hr Composite	1/Week 24hr Composite	1/Week 24hr Composit
2008-08-01	Thermometer 26	0.441	8.0	7.1	64	328	10
2008-08-02	24	0.247	8.1	8.0	1		1
2008-08-03	24	0.281	8.1	8.0	<del> </del>		<u> </u>
2008-08-04	25	0.340	8.1	7.9		L	
2008-08-05	26	0.408	8.1	7.9			
2008-08-06	26	0.412	8.2	7.9			
2008-08-07	25	0.406	8.1	8.0		_ <del></del>	
2008-08-08	24	0.398	8.1	7.9	3.0	192	AA 6.0
2008-08-09	25	0 225	7.9	7.8			
2008-08-10	23	0.223	7.8	7.5			
2008-08-11	24	0.450	7.5	7.1			
2008-08-12	27	0.145	8.0	7.0			
2008-08-13	27	0.434	8.0	7.9			
2008-08-14	27	0.450	8.1	7.9			
2008-08-15	27	0.410	8.1	7.8	9.0	228	AA 6.0
2008-08-16	25	0.275	8.2	8.0			
2008-08-17	25	0 260	8.1	8.0		· · · · · · · · · · · · · · · · · · ·	
2008-08-18	24	0.197	8.1	8.0			
2008-08-19	24	0.174	8.1	7.9		·	
2008-08-20	24	0.157	8.1	7.9			<u> </u>
2008-08-21	24	0.145	8.0	7.9			
2008-08-22	24	0.147	8.1	7.9	17.0	220	AA 6.0
2008-08-23	24	0.141	8.1	7.9			
2008-08-24	24	0.141	8.0	7.8			
2008-08-25	23	0.419	7.9	7.2			
2008-08-26	24	0.395	8.3	7.4		· · · · · · · · · · · · · · · · · · ·	
2008-08-27	24	0.381	8.2	7.8			
2008-08-28	24	0.452	7.8	7.6			
2008-08-29	22	0.338	7.9	7.5	AA 2.0	198	AA 6.0
2008-08-30	22	0.233	8.3	7.9			
2008-08-31	21	0.233	8.2	7.4			
ame/Title of Responsible or Authorized Represent	information subm	itted herein and base taining the informati	have personally examined on my inquiry of those on, I believe the submit initioant penalties for su	e individuals immediate ted information is true,	ely Official accurate and Repr	or Authorized	Date (MM/DD/YY

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: LOCATION: Detrex Corporation \*

1100 State Rd

Ashtabula, 44004 Ashtabula

COUNTY: DISTRICT:

NEDO

PERMIT NUMBER: STATION CODE:

REPORTING LAB:

ANALYST:

31F00017\*ND

002

2008-08-01 To: 2008-08-31

**MONITORING PERIOD:** 

Precision Analytical, Inc. DR, WSS, RLG, STB, HB

NO DISCHARGE INDICATOR:

PARAMETER	Oil and Grease, Total	Phosphorus, Total (P)	Silver, Total Recoverable	Strontium, Total (Sr)	Zinc, Total Recoverable	Cadmium, Total Recoverable	Copper, Tota Recoverable
PARAMETER CODE	00550	00665	01079	01082	01094	01113	01119
UNITS	4106 1/Week	4106 I/Week	4107 1/Week	4107	4107 1/Week	4107 1/Week	4107
FREQUENCY SAMPLING TYPE	Grab	24hr Composite	24hr Composite	24hr Composite	24hr Composite	24hr Composite	I/Week 24hr Composit
2008-08-01	AA 1.2	0.0715	AA 1.0	220	12.9	AA 10.0	AA 10.0
2008-08-02			_		****		
2008-08-03							
2008-08-04							
2008-08-05							
2008-08-06							
2008-08-07							
2008-08-08	AA 1.2	0.0666	<b>AA</b> 1.0	165	AA 10.0	AA 10.0	AA 10.0
2008-08-09						-	
2008-08-10							
2008-08-11							
2008-08-12							
2008-08-13							
2008-08-14							
2008-08-15	AA 1.2	AA 0.05	AA 1.0	172	AA 10.0	AA 10.0	AA 10.0
2008-08-16							
2008-08-17							
2008-08-18							
2008-08-19							
2008-08-20							
2008-08-21			-				
2008-08-22	AA 1.2	AA 0.05	AA 1.0	161	11.8	AA 10.0	AA 10.0
2008-08-23							
2008-08-24							
2008-08-25							
2008-08-26							
2008-08-27					-		
2008-08-28	· · · · · · · · · · · · · · · · · · ·						
2008-08-29	AA 1.2	0.105	AA 1.0	147	AA 10.0	AA 10.0	AA 10,0
2008-08-30							
2008-08-31							

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: LOCATION:

KEITH BUELL

Detrex Corporation \* 1100 State Rd

When completed mail this report to: EDMR Administrator, EDMR Administrator, . , OH,

PERMIT NUMBER: STATION CODE:

31F00017\*ND

complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COUNTY:

Ashtabula, 44004

Ashtabula

**MONITORING PERIOD:** REPORTING LAB:

2008-08-01 To: 2008-08-31 Precision Analytical, Inc. DR, WSS, RLG, STB, HB

ANALYST:

NO DISCHARGE INDICATOR:

NEDO DISTRICT:

PARAMETER	Chlorine, Total Residual	Cyanide, Free	Mercury, Total (Low Level)				
PARAMETER CODE	50060	00719	50092				
UNITS	4106 1/Week	4106 1/Month	24258381 I/Month		<b>_</b>		<del></del>
FREQUENCY SAMPLING TYPE	Grab	Grab	Grab	<del></del>	<del> </del>		<del></del>
2008-08-01	AA 0.01	AA 0.01	AA 0.5				
2008-08-02							
2008-08-03							
2008-08-04							
2008-08-05							
2008-08-06							
2008-08-07							
2008-08-08	AA 0.01						
2008-08-09	,						
2008-08-10							
2008-08-11							
2008-08-12							
2008-08-13							
2008-08-14							
2008-08-15	AA 0.01						
2008-08-16							
2008-08-17							
2008-08-18							
2008-08-19					1		
2008-08-20							
2008-08-21							
2008-08-22	AA 0.01						
2008-08-23							
2008-08-24							
2008-08-25							
2008-08-26				-			
2008-08-27							
2008-08-28							
2008-08-29	AA 0.01						
2008-08-30				-			
2008-08-31					1		
me/Title of Responsible Cor Authorized Representa	responsible for	omitted herein and bas obtaining the informal aware that there are si	I have personally examine ed on my inquiry of those tion, I believe the submitte wriftcant penalties for sub-	individuals immediate d information is true.	ely Off	iture of Responsible cial or Authorized Representative	Date (MM/DD/Y)
EITH BOSY ENV	responsible for	obtaining the informat	tion, I believe the submitte	d information is true.	accurate and 1	Representative  Page	09/11/08

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:

Detrex Corporation \*

PERMIT NUMBER: STATION CODE:

31F00017\*ND

LOCATION:

1100 State Rd

Ashtabula, 44004 Ashtabula

**MONITORING PERIOD:** REPORTING LAB:

2008-08-01 To: 2008-08-31

COUNTY: DISTRICT:

NEDO

ANALYST:

Precision Analytical, Inc. DJB, WSS, DR, BSS, HB, DC

#### NO DISCHARGE INDICATOR:

PARAMETER	Flow Rate	Color, Severity	Odor, Severity	Turbidity, Severity	pН	Total Suspended Solids	Nitrogen, Ammo (NH3)
PARAMETER CODE	00056	00083	01330	01350	00400	00530	00610
UNITS FREQUENCY	4109 1/Dav	4105	4105 1/Dav	4105 I/Day	6653 1/Month	4106 1/Month	4106
SAMPLING TYPE	24hr Total Estimate	Estimate	Estimate	Estimate	Grab	Grab	1/Month Grab
2008-08-01	558	I	1	1	8.31	AA 6.0	AA 0.1
2008-08-02	AC .	AC	AC	AC			
2008-08-03	AC	AC	AC	AC			
2008-08-04	840	I	ı	1			
2008-08-05	714	ĺ	l	1			
2008-08-06	706	ı	1	1	<u> </u>		
2008-08-07	755	1	1	1			
2008-08-08	438	ı	1	1			
2008-08-09	AC	AC	AC	AC			
2008-08-10	AC	AC	AC	AC			
2008-08-11	631	1	l	l l	•		
2008-08-12	1058	1	1	1			-
2008-08-13	693	1	ı	1			
2008-08-14	587	1	Į	1			
2008-08-15	328	ì	ı	1			
2008-08-16	AC	AC	AC	AC			
2008-08-17	AC	AC	AC	AC	<del>'-</del>		
2008-08-18	424	1	1	1			
2008-08-19	1174	1	t	1			
2008-08-20	1124	I	1	1			
2008-08-21	843	1	1	1			
2008-08-22	615	ì	1	1			
2008-08-23	44	I	l	1			
2008-08-24	AC	AC	AC	AC			
2008-08-25	900	1	1	1			
2008-08-26	713	1	1	1			
2008-08-27	677	1	1	1			
2008-08-28	673	1	1	1			
2008-08-29	627	1	t	1			
2008-08-30	AC	AC	AC	AC ·			
2008-08-31	AC	AC	AC	AC			
me/Title of Responsible Cor Authorized Representa	information sub- responsible for o	mitted herein and based obtaining the information	on my inquiry of those on, I believe the submit	ned and am familiar with the individuals immediately ted information is true, acc	Official Ourate and Re	re of Responsible al or Authorized epresentative	Date (MM/DD/YY
ITH BOOK /CAN	the possibility o	ware that there are sign f fine and imprisonmen istrator, EDMR Adm	t.	bmitting false information	, including	Buil 6	9/11/08

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:

Detrex Corporation \*

PERMIT NUMBER:

3IF00017\*ND

LOCATION:

1100 State Rd Ashtabula, 44004 STATION CODE:

2008-08-01 To: 2008-08-31

COUNTY: DISTRICT:

Ashtabula NEDO MONITORING PERIOD: REPORTING LAB:

Precision Analytical, Inc. DJB, WSS, DR, BSS, HB, DC

ANALYST: NO DISCHARGE INDICATOR:

D. D. MCTED	5 1 C - 115	Chlorine, Total	CDOD 5 days		1	<u> </u>	<del></del>
PARAMETER	Fecal Coliform	Residual	CBOD 5 day				
PARAMETER CODE UNITS	31616 6654	50060 4106	80082 4106	-	<del></del>	<del></del>	
FREQUENCY	1/Month	1/Month	1/Month			-	
SAMPLING TYPE	Grab	Grab	Grab				
2008-08-01		AA 0.01	AA 2.0				
2008-08-02		_					
2008-08-03							
2008-08-04	AA 1.0						
2008-08-05							
2008-08-06							
2008-08-07							
2008-08-08							
2008-08-09							
2008-08-10							
2008-08-11							
2008-08-12							
2008-08-13							
2008-08-14							
2008-08-15	-						
2008-08-16							
2008-08-17							
2008-08-18							
2008-08-19							
2008-08-20							
2008-08-21							
2008-08-22							
2008-08-23							
2008-08-24							
2008-08-25							
2008-08-26							
2008-08-27							
2008-08-28							
2008-08-29							
2008-08-30							
2008-08-31							
Name/Title of Responsible O or Authorized Representa	responsible for	omitted herein and based obtaining the information	on my inquiry of those on, I believe the submit	e individuals immediately ted information is true, a	y Official ccurate and Rep	e of Responsible or Authorized resentative	Date (MM/DD/YY)
KEITH BUSH/EN	the possibility of	aware that there are sign of fine and imprisonmen	t.	umπing false informatio	n, including	Quel	09/11/08
When completed mail this rep	port to: EDMR Admi	nistrator, EDMR Admi	nistrator, , , OH,			Pag	e 5/

FACILITY: LOCATION: Detrex Corporation \*

1100 State Rd

Ashtabula, 44004

COUNTY: DISTRICT: Ashtabula NEDO

PERMIT NUMBER: STATION CODE:

31F00017\*ND

2008-08-01 To: 2008-08-31

MONITORING PERIOD: REPORTING LAB:

Precision Analytical, Inc.

ANALYST: NO DISCHARGE INDICATOR:

1,1,1-1,1,2-Chloroform Methylene Chloride 1.1-Dichloroethylene PARAMETER Flow Rate рΗ Trichloroethane Trichloroethane 50050 32106 34501 00400 34506 PARAMETER CODE 34511 4108 4107 4107 4107 4107 4107 6653 UNITS 1/Month FREQUENCY 1/Day I/Dav 1/Month 1/Month I/Month I/Month 24hr Total Grab Grab Grab Grab SAMPLING TYPE Grab Grab AA 4.0 AA 1.0 2008-08-01 7.0 0.162 **AA** 1.0 AA 1.0 AA 1.0 AC AC 2008-08-02 AC 2008-08-03 AC АC AC2008-08-04 2008-08-05 AC ACAC 2008-08-06 ACAC AC 2008-08-07 AC2008-08-08 ACAC2008-08-09 AC AC AC 2008-08-10 2008-08-11 6.8 0.150 2008-08-12 6.6 0.124 8.9 0.001 2008-08-13 2008-08-14 AC AC 2008-08-15 AC AC AC2008-08-16 AC2008-08-17 ACAC 2008-08-18 ACAC 2008-08-19 AC AC 2008-08-20 ACACAC2008-08-21 AC2008-08-22 AC AC 2008-08-23 ACAC2008-08-24 AC AC2008-08-25 6.9 0.140 2008-08-26 7.0 0.036

Name/Title of Responsible Official or Authorized Representative

2008-08-27

2008-08-28 2008-08-29

2008-08-30

2008-08-31

KEITH BUSH (ERU.

I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and

complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

AC AC

AC

AC

AC

Signature of Responsible Official or Authorized Representative

Date (MM/DD/YY)

When completed real this report to: EDMR Administrator, EDMR Administrator, , , OH.

AC

AC

AC

AC

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: LOCATION: Detrex Corporation \* 1100 State Rd Ashtabula, 44004

PERMIT NUMBER: STATION CODE:

31F00017\*ND

MONITORING PERIOD: 2008-08-01 To: 2008-08-31 COUNTY: DISTRICT: Ashtabula NEDO

REPORTING LAB: ANALYST:

NO DISCHARGE INDICATOR:

Precision Analytical, Inc.

1,1,2,2-**PARAMETER** 1,3-Dichlorobenzene Trichloroethylene Tetrachloroethane 34516 34566 39180 PARAMETER CODE UNITS 4107 4107 4107 I/Month I/Month FREQUENCY I/Month Grab Grab SAMPLING TYPE Grab AA 10 AA 1.0 AA 1.0 2008-08-01 2008-08-02 2008-08-03 2008-08-04 2008-08-05 2008-08-06 2008-08-07 2008-08-08 2008-08-09 2008-08-10 2008-08-11 2008-08-12 2008-08-13 2008-08-14 2008-08-15 2008-08-16 2008-08-17 2008-08-18 2008-08-19 2008-08-20 2008-08-21 2008-08-22 2008-08-23 2008-08-24 2008-08-25 2008-08-26 2008-08-27 2008-08-28 2008-08-29 2008-08-30 2008-08-31 Signature of Responsible Name/Title of Responsible Official I certify under the penalty of law that I have personally examined and am familiar with the Date (MM/DD/YY) or Authorized Representative information submitted herein and based on my inquiry of those individuals immediately Official or Authorized responsible for obtaining the information, I believe the submitted information is true, accurate and Representative complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

**FACILITY:** LOCATION: Detrex Corporation \*

1100 State Rd

PERMIT NUMBER:

31F00017\*ND

800

Ashtabula, 44004 COUNTY: Ashtabula DISTRICT: NEDO

STATION CODE: MONITORING PERIOD: REPORTING LAB:

2008-08-01 To: 2008-08-31 Precision Analytical, Inc.

ANALYST: WSS, STB

NO DISCHARGE INDICATOR:

PARAMETER	Flow Rate	Total Suspended Solids	Oil and Grease. Total	Mercury, Total (Low Level)			
PARAMETER CODE	50050	00530	00550	50092			
UNITS	4108	4106	4106	24258381			
FREQUENCY	1/Day	1/Week	I/Week	1/Month			
SAMPLING TYPE	Continuous	24hr Composite	Grab	Grab		<del>                                     </del>	<del></del>
2008-08-01	0.240	22.0	AA 1.2	AA 0.5			
2008-08-02	0.191	<u></u>					
2008-08-03	0.191						
2008-08-04	0.280						
2008-08-05	0.371						
2008-08-06	0.388						
2008-08-07	0.370						
2008-08-08	0 355	7.0	AA 1.2				
2008-08-09	0.146						
2008-08-10	0.145						
2008-08-11	0.314						
2008-08-12	0.431						
2008-08-13	0.381						
2008-08-14	0.392						
2008-08-15	0.355	21	AA 1.2				
2008-08-16	0.178						
2008-08-17	0.170						
2008-08-18	0.119						
2008-08-19	0.096						
2008-08-20	0.095					1	
2008-08-21	0.096						
2008-08-22	0.096	AA 6.0	AA 1.2				
2008-08-23	0.096				-		
2008-08-24	0.099						
2008-08-25	0.255						
2008-08-26	0.340						
2008-08-27	0.360						
2008-08-28	0.455						
2008-08-29	0.310	AA 6.0	AA 1.2				
2008-08-30	0.196	1					-
2008-08-31	0 059	1					
iame/Title of Responsible Of or Authorized Representat	ive information su responsible fo	ibmitted herein and based robtaining the information	I on my inquiry of tho on, I believe the submi	ined and am familiar with se individuals immediately tted information is true, ac	curate and Re	are of Responsible al or Authorized epresentative	Date (MM/DD/Y
TITH Boot End.	the possibility	of fine and imprisonmen	t	ubmitting false information	i, including	Page	09/11/08

FACILITY: LOCATION: Detrex Corporation \* 1100 State Rd Ashtabula, 44004

PERMIT NUMBER:

31F00017\*ND MONITORING PERIOD: 2008-08-01 To. 2008-08-31

PARAMETER COMMENTS:

Parameter Code Station Code Parameter Name Date Unit Comment